

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 4400 Campbell)

Registration District No. 399  
Primary Registration District No. 1002

File No. 36552  
Registered No. 3301  
St.        Ward       

2. FULL NAME Mrs. Mary Branum Threlkeld

(a) Residence, No. 4400 Campbell St.        Ward.         
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore R. Threlkeld

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1882

7. AGE YEARS 55 MONTHS 2 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Waldron (STATE OR COUNTRY) Mo.

13. NAME William Branum

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Winifred Threlkeld (ADDRESS) 4400 Campbell

18. BURIAL, CREMATION OR REMOVAL PLACE Waldron Mo. DATE Oct 3, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)       

20. FILED Oct 2 1937 M. M. Kenner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from        to       , 1937

I last saw h.        alive on       , 1937. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive myocarditis

93e

Other contributory causes of importance:

Name of operation        Date of operation         
What test confirmed diagnosis        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?        Date of injury       , 1937

Where did injury occur?        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?         
If so, specify       

(Signed)        M. D.  
(Address)

